

SENATOR MAZIE K. HIRONO  
APPLICATION FOR NOMINATION TO THE U.S. MILITARY ACADEMIES  
CLASS OF 2018

(PLEASE TYPE OR PRINT)

Academy or Academies you would like to attend (in order of preference):

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

NAME: \_\_\_\_\_ GENDER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Last First Middle M/F MM/DD/YY

PERMANENT ADDRESS: \_\_\_\_\_ SSN # \_\_\_\_\_

Number Street HOME PHONE: \_\_\_\_\_

City State Zip

EMAIL ADDRESS: \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_ TEMP. PHONE: \_\_\_\_\_

Number Street

City State Zip GRADUATION DATE: \_\_\_\_\_

HIGH SCHOOL ATTENDED: (Name & Address) \_\_\_\_\_

COLLEGE: (if applicable) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

Please indicate grade(s) (High School only) you were in where applicable: (Attach extra sheet if needed)

EXTRA-CURRICULAR ACTIVITIES: \_\_\_\_\_

ATHLETIC PARTICIPATION: \_\_\_\_\_

HONORS & AWARDS: \_\_\_\_\_

WORK EXPERIENCE (Job title, hours per week, dates): \_\_\_\_\_

OTHER CONGRESSIONAL OFFICE(S) APPLIED TO: \_\_\_\_\_

PLEASE READ BEFORE SIGNING: I have read the attached Fact Sheet explaining the nominating procedure and am familiar with the requirements. I certify that I am a legal resident of the State of Hawaii. I understand that if all the necessary data have not been submitted by the October 15, 2013 deadline. I will not be eligible for a nomination.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please email completed form to: [HawaiiOffice@Hirono.Senate.Gov](mailto:HawaiiOffice@Hirono.Senate.Gov)